



MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH

14215 Road 28, Madera California 93638-5715

Office: (559) 675-7893 Fax: (559) 675-0478

RUSH

DATA & SPECIAL PROJECTS REQUEST

1. Requestor Information

1a. Requestor Name & Job Title:	1b. Date:
1c. Organization/Dept./Program:	
1d. Email:	1e. Phone:

2. Timeframe: Please allow two weeks for standard processing. Completion time depends on the nature & complexity of request. We attempt to accommodate rush requests (under one week), however, there is no guarantee of completion by deadline.

2a. <input type="checkbox"/> Rush (under 1 week)	2b. Rush Justification:
2c. Date needed:	

3. Request Details

3a. Internal: <input type="checkbox"/> MCDPH <input type="checkbox"/> other county employee	3b. External: <input type="checkbox"/> education <input type="checkbox"/> media <input type="checkbox"/> other:
3c. Data Request (check all that apply): <input type="checkbox"/> births <input type="checkbox"/> deaths <input type="checkbox"/> disease rates <input type="checkbox"/> life expectancy <input type="checkbox"/> population estimates <input type="checkbox"/> other:	
3d. Special Project Request: <input type="checkbox"/> survey design <input type="checkbox"/> presentation <input type="checkbox"/> training <input type="checkbox"/> program evaluation <input type="checkbox"/> other:	

3e. Request Description: include a detailed description, such as disease types, age groups, ethnic/racial groups, geography, level of data (census tract, zip code, time period):

3f. Intended Use:	3g. Target Audience:
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3h. Other Special Requests (charts, graphics, consultation – allow 2-4 weeks):

4. Read & Sign

By using these data, you signify your agreement to comply with the following requirements:

- I agree not to sell the supplied data or any portion thereof.
- I acknowledge that the County of Madera assumes no responsibility for conclusions draft from any analysis of the data that is provided to the applicant.
- I acknowledge that the supplied data, or information derived therefrom, is provided “as is” without warranty of any kind, either express or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement of intellectual property. The County of Madera makes no representations or warranties about the accuracy, reliability, completeness or timeliness of the supplied data or produce. In no event shall the County be held liable for damages arising from errors, omissions, or use of this information.
- I agree to acknowledge the original data source and Madera County Department of Public Health in all publications, reports or presentations based on these data.

4a. Signature*:	4b. Date:
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**If signing electronically, typing your name serves as your signature*

SUBMIT: Online by clicking “SEND” at upper right of electronic form; mail to address at top or fax to number above.

5. OFFICE USE ONLY

5a. Date Received:	5b. Type: <input type="checkbox"/> Epidemiology <input type="checkbox"/> Vitals	5c. Start Date:	5d. Completion Date:
5e. Data file location & name:			5f. Date emailed:

Instructions for Completing the Data and Special Projects Request Form:

Section 1: Requestor information

- 1a. Enter your full name and job title. Enter 'student' if your request is for a class/research project.
- 1b. Enter the date (month, day, and year) that you are completing the form.
- 1c. For County of Madera employees, enter the name of your department and program area. If employed by an organization other than the County of Madera, enter the name of your employer. If a student, enter the name of your school, college, or university.
- 1d/e. Enter the contact information you would like us to use if it is necessary for us to communicate with you regarding the request. If you do not have an email write "N/A."

Section 2: Timeframe

- 2a. Mark rush only if you need the requested information before 2 weeks.
- 2b. Provide a justification only if you need the requested data sooner than 2 weeks.
- 2c. Enter the latest possible date for us to provide you the requested information or complete the project. Note that the standard processing time is 2 weeks.

Section 3: Request Details

- 3a. Complete only if you are a Madera County Department of Public Health or other County of Madera Employee.
- 3b. Complete if you are outside agency or partner. If the appropriate category is not listed mark 'other' and write-in the appropriate category.
- 3c. For data request only: Indicate the type(s) of data that you are requesting. You may check as many as applicable. If the type of data you need is not listed, mark 'other' and write-in the specific data type.
- 3d. For special project requests only: Indicate the type(s) of special project you are requesting. If your specific project type is not listed, mark 'other' and write-in the specific project type.
- 3e. Enter as much detail as possible related to the specifics of your request. For data requests this should include demographic information (e.g., gender, race/ethnicity, age group), geographic area, time period (e.g., single year or multiple years), and/or level of data (e.g., census tract, zip code, state, etc.).
- 3f. Enter the purpose of your data request and how the data will be utilized (e.g., media article, grant application, etc.).
- 3g. List the target audience for the data. Examples include general public, funder, elected or students.
- 3h. Please enter any other special request you may have if applicable. This may include any specific formatting request or graphics. If a consultation with the epidemiologist is desired, you may enter the request in this field.

Section 4: Read & Sign

- 4a/b. Provide your signature and date. If completing electronically you may type your name as your signature.

Section 5: Office Use Only

- 5a-5g. Do not complete.

Submit: **Online** by clicking "SEND" at upper right of electronic form; **mail** to 14215 Road 28, Madera, CA 93638 or **fax** (559) 675-0478.